

There are still going to be 24 million people left without health insurance in this country. There is a \$10 billion cost just for the IRS implementation of this bill. There is at least \$25 billion in mandates placed on the States, unfunded mandates. Actually it is much higher now. There is \$28 billion-plus in new taxes on employers. There is \$100 billion, by conservative estimates, in fraud and Medicare and Medicaid a year, and this bill goes after \$2 billion over 10 years. So we are going to go after \$2 billion out of \$1 trillion—not \$200 billion, not \$20 billion—we are going after \$2 billion.

There is \$118 billion in cuts to Medicare Advantage but only for those people who do not live in the State of Florida and a couple of other places. If you happen to live in Oklahoma, citizens under the Medicare Advantage are going to lose.

This is now over \$500 billion in new taxes on Americans. There is a quarter of a trillion dollars not in this in expense that everybody knows is an expense. We are going to restore the SGR. We are going to fix that. And that quarter of a trillion dollars is based on no increase in physicians over the next 10 years. How many in this body think we are not going to increase the pay of physicians in Medicare under the next 10 years? The assumptions in the CBO report that accompanied the Reid amendment, if you read what they said, they said it is highly unlikely. So that is a quarter of a trillion dollars even though it was not in their numbers.

It also said if, in fact, the cuts came through, which they thought highly unlikely that they would, and if they didn't, then the fiscal numbers associated with the bill are out the window. The final number everybody ought to be paying attention to is \$12.1 trillion; \$12.1 trillion is what our kids owe outside of owing ourselves—\$1.1 trillion. That is going to double in the next 10 years.

Anybody with a lick of common sense who looked at the numbers on this bill would say: Washington, your accounting programs aren't any different from Enron. The same fate of those who created the Enron scam ought to apply to the Congress of the United States. The very fact we are not considering an SGR fix is evidence of that. At least you have to add a quarter of a trillion dollars every 10 years to this bill just to keep doctors even. And don't forget the fact that 34 million new Americans over the next 10 years are going to enter Medicare—are going to enter Medicare.

What are the alternatives? I will not offer other amendments and make the chairman object to them because I know his answer. He calls it a stunt. It is not a stunt when you do not have vigorous amendments offered on the Senate floor. It is not a stunt. The stunt is not allowing amendments to be offered. To allow only 10 of our amendments to be offered on this bill is

beneath the dignity of the Senate—on the biggest bill in the last 100 years in this Congress, the only bill in the last 100 years that is going to affect every American in a personal way but also in a fiscal way, a financial way.

There was an amendment to be offered, a conscience protection for physicians. We didn't get a vote on it. Should we force physicians in this country to perform abortions or should we have a vote on whether, if they have a conscience protection, they ought to be exempted from that? Should that not be a part of health care reform? We are not going to get a vote on that.

How about an amendment to reduce the waste, fraud, and abuse in Medicare and Medicaid Programs and protecting Medicare benefits? And increasing the fraud and waste from \$2 billion to \$100 billion over the next 10 years, that is just 10 percent of what is there. We are not going to get a vote on that. It is not going to be available. The American people are not going to get to hear the debate on that. They are not going to make up their mind. Why? You don't want them to hear the debate on it. If you truly wanted to have a debate on fraud we would have a debate on fraud, and we would have an amendment saying put your stamp down, or are you for the people who are defrauding? Or are you for the status quo? We are for the status quo. We are for the well-connected.

The amendment on rationing that I talked about—or an amendment to limit the bureaucratic increase associated with this bill, which is an amendment I offered, we are not going to get a debate on that. That is a very straightforward amendment. It just says we are not going to increase the number of bureaucrats to implement this bill. We are going to drive efficiency in HHS; that is where this is going to. We are going to say: You can't get a net increase in bureaucrats so get more efficient. Since we are running \$1.4 trillion or \$1.5 trillion deficits, that is something that everybody else in the country would be doing, but we are not going to do that. We are not going to allow an opportunity for a vote or debate on that. We are not going to have that opportunity.

I have heard the majority mention several times that we didn't have anything to offer. We offered the Patients' Choice Act. CBO said it cut long-term costs on Medicaid, that it saved money on Medicare. They said it saved \$1 trillion over the first 10 years for the State and the estimates. Because we couldn't get the commitment that was made to us by the chairman of the HELP Committee that he would score the bill, the bill didn't ever get scored by CBO—but an outside score says it saves at least \$70 billion the first 10 years and far in excess of that afterwards. It covers more people than this bill, saves personal choice, doesn't put somebody between you and your doctor.

I heard the Senator from Rhode Island say we were lying about that hap-

pening. It is happening today, both from insurance companies and Medicare and Medicaid. So if we really wanted to reform health care we would be attacking that. Instead, we are going to make it worse.

Let me tell you how we are going to make it worse. We are going to use cost comparative effectiveness, which is exactly what the U.S. Task Force on Prevention Services did. They used cost comparative effectiveness, and when they looked at breast cancer, they said it is not cost effective to screen women before the age of 50. You know what. They are right. It is not cost effective. But it certainly is clinically effective, especially if your wife is the one who is 40 and has breast cancer and it was found by a mammogram.

You see, judgment goes out the window. What do we do? We reversed that finding, one of the first things we did as we started the debate.

Are we going to do that every time the U.S. Preventive Services Task Force issues a ruling that is cost effective but not clinically effective? Are we going to do that every time the cost comparative effectiveness panel says: You will do this, and the American people say: That isn't right, the American Cancer Society says: That isn't right. Every time we get one of those rulings will we have to pass a piece of legislation to change it?

The purpose of the three panels is well intended. The Medicare Payment Advisory Commission is well intended. Help us cut costs. But the only way you go for cost is through prevention and management of chronic disease. You are not going to cut costs any other way because 75 percent of everything we spend is on five chronic diseases. So unless you attack the real problem, the real disease, with our health care system, you are not going to solve it.

The lack of art in medicine will become readily apparent in 2015, 2016, and 2017. We will see bureaucratic decisions in between a patient and their provider. That is not a scare tactic. That is absolute fact. We have it now with Medicare. It is there. If I have a woman who is 55 years of age today and I order bone density testing on her and find she has severe osteoporosis, I put her on medicine but am forbidden by Medicare to do the followup exam that is clinically necessary to see if the medicine is working, and not only that, under Medicare rules, she can't even use her own money to buy that test. So 2 years later, we do the test, and we haven't corrected her disease. Now we change medicines to try to find out, but we can't find out again. So she ultimately falls and breaks her hip. There is a 20-percent mortality rate from falling and breaking one's hip. But those are the rules we are operating under now, right now, that you want to expand.

Government isn't ever compassionate. It is never compassionate. People are compassionate. Thought has